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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator Caulkins Oil Company
Address P.O. Box 780, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Breech "F"</u>	Well No. <u>45</u>	Pool Name, Including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State, Federal or Fee <u>Fed</u>	Lease No. <u>NM 03547</u>
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>27 North</u> Range <u>6 West</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Shell Oil Company Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1588 Farmington, New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>1508 Pacific Ave, Dallas 1 Texas</u>	
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>35</u> Twp. <u>27N</u> Rge. <u>6W</u> <u>P 9 26N 6W</u>	Is gas actually connected? <u>Yes</u>	When <u>10-5-65</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded <u>4-20-65</u>	Date Compl. Ready to Prod. <u>6-24-65</u>		Total Depth <u>7642</u>		P.B.T.D. <u>7620</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6592 Gr.</u>	Name of Producing Formation <u>Mesa Verde</u>		Top Oil/Gas Pay <u>4866</u>		Tubing Depth <u>5185</u>			
Perforations <u>4866-5444</u>					Depth Casing Shoe <u>7642</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>13-3/4"</u>	<u>10-3/4" OD 32.75#</u>		<u>258</u>		<u>200</u>			
<u>8-3/4"</u>	<u>5-1/2" OD 15.5 & 17.0#</u>		<u>7642</u>		<u>925</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF

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OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D <u>1326</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>BP</u>	Tubing Pressure (Shut-in) <u>SI 910 3 hr Flow 81</u>	Casing Pressure (Shut-in) <u>SI 914 3 hr Flow 572</u>	Choke Size <u>.75"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles Vergara
(Signature)
Superintendent
(Title)
9-29-76
(Date)

OIL CONSERVATION COMMISSION
OCT 8 1976
APPROVED _____, 19____
BY Original Signed by A. R. Mendez
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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Caulkins Oil Company
Address
P.O. Box 780, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech "F"	Well No. 45	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. NMO3547
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 35 Township 27 North Range 6 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell OIL Company Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1507 Pacific ave, Dallas 1, Texas	
If well produces oil or liquids, give location of tanks. Unit M Sec 35 Twp 27N Rg 6W P 9 26N 6W	Is gas actually connected? When Yes 10-5-65	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 4-20-65	Date Compl. Ready to Prod. 6-24-65	Total Depth 7642	P.B.T.D. 7620					
Elevations (DF, RKB, RT, GR, etc.) 6592 Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7378	Tubing Depth 7348					
Perforations 7378-7608			Depth Casing Shoe 7642					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13-3/4"	-CASING & TUBING SIZE 10-3/4" OD 32.75#		DEPTH SET 258		SACKS CEMENT 200			
8-3/4"	5-1/2" OD 15.5 & 17#		7642		925			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

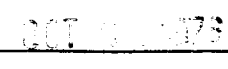
Actual Prod. Test-MCF/D 5378	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BP	Tubing Pressure (Shut-in) \$I 2372 3 hr Flow 361	Casing Pressure (Shut-in) Packer	Choke Size .75"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Superintendent
(Title)
9-29-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY Original Signed by A. B. Kendrick
TITLE COMMISSIONER NOV 15

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